

CHAPTER 9: EVALUATION PLAN

This chapter describes the evaluation plan for each type of required evaluation as described by the Evaluation Guidance (June 2001) and the reporting of core HIV prevention indicators as described in Program Announcement 04012. This plan will be revised as needed to meet CDC's new evaluation guidance which is expected to be released Summer/Fall of 2004.

I. Evaluation Goals, Activities and Timelines

Evaluation Goals

1. To evaluate the HIV prevention community planning process.
2. To design and evaluate intervention plans.
3. To monitor and evaluate the implementation of HIV prevention programs.
4. To evaluate linkages with the comprehensive HIV prevention plan and the application for funding.
5. To monitor outcomes.
6. To generate and monitor baseline and target measures for indicators related to Community Planning, Evaluation and HE/RR interventions.

Activities for Meeting Evaluation Guidance Requirements

Below is a table listing each major evaluation goal with a description of activities to be completed yearly.

Evaluating the HIV Prevention Community Planning Process
Activities: <ol style="list-style-type: none">1) Collect evaluation surveys after each CPG meeting2) Conduct exit interviews with departing CPG members3) Conduct Community Planning Membership survey4) Complete Membership Grid5) Analyze survey data and report findings to CPG members
Designing and Evaluating Intervention Plans
Activities: <ol style="list-style-type: none">1) Provide training and technical assistance on the definitions for target populations, intervention types, and the intervention data collection forms to contractors and local health dept. staff.2) Contractors and Local Health Department (LHD) staff will submit the intervention forms for review.3) Compile information on intervention forms to send to CDC with funding application4) Evaluate intervention plans for core set of data elements including approximate number and characteristics of people to be reached, categorized by type of intervention, sufficiency of evidence basis, and sufficiency of service plan for implementation.5) Provide feedback, training, and assistance on an ongoing basis to improve quality of intervention plans.

Monitoring and Evaluating Implementation of HIV Prevention Programs
<p>Activities:</p> <ol style="list-style-type: none"> 1) With guidance from CDC PERB develop plan to train SCDHEC staff and contractors in PEMS. 2) Collect process monitoring information from HIV prevention contractors and LHD staff. Data collected will comply with CDC's new evaluation guidance. 3) Compare process monitoring data collected to the intervention plans. 4) Identify areas for improvement. 5) Provide feedback and technical assistance to contractors and LHD staff on data collection issues. 6) Provide information to the CPG for decision-making. 7) Report evaluation data in progress reports.
Evaluating Linkages Between Comprehensive HIV Prevention Plan, CDC Funding Application, and Resource Allocation
<p>Activities:</p> <ol style="list-style-type: none"> 1) Revise HIV Community Resource Assessment (CRA) process and tools. 2) Conduct CRA survey based on CPG requirements and CDC guidelines. 3) Provide summary process monitoring data on priority interventions with priority populations to compare linkages in the plan. 4) CPG makes recommendations for improvements/changes.
Monitoring Outcomes
<p>Activities:</p> <ol style="list-style-type: none"> 1) In collaboration with contractors and LHD staff determine behavioral and other outcome data to be collected. 2) Finalize data collection instruments and process. 3) Implement outcome monitoring process with providers. 4) Conduct quarterly data analysis, provide feedback to providers. 5) Analyze annual outcome monitoring data and write results. 6) Disseminate data to providers, CPG, CDC and others. 7) Increase the capacity of contractors and LHD staff to plan and conduct outcome monitoring projects.
Generating and Monitoring Baseline and Target Measures for Indicators related to Community Planning, Evaluation and HE/RR Interventions
<p>Activities:</p> <ol style="list-style-type: none"> 1) Assess the quality of data collection systems used to calculate performance indicators. 2) Monitor and reassess baseline and target measures as necessary.

II. Description of Evaluation Activities by Evaluation Goal

(1). *HIV Prevention Community Planning Process.* Process data will be collected annually using the latest CDC Community Planning Membership (CPM) survey. The Membership Grid is completed using the data from the CPM survey. Data from the survey will identify possible gaps in membership representation based on the Epi Profile. Additionally, the 52 attributes will be analyzed individually and grouped by objective to determine percent agreement based on valid

responses. Each indicator must receive a rating of least 85 percent agreement in order for the attribute to be considered met. Survey data will also be analyzed by years of CPG membership (i.e. Evaluation question: Are members with less than 2 years of service less informed about the CPG process than members with 2 or more years?) and by other variables as requested by the CPG. Results from the CPM survey will be shared with CPG members annually to enhance the planning process.

Other evaluation activities will include the collection of evaluation forms after each CPG meeting and sharing the results with members at the next meeting. This allows for a timely response by the CPG Co-Chairs and or by the CPG Executive Committee to concerns or issues raised by members. Exit interviews with departing members will be conducted by the Chair of the Membership Committee and the community Co-Chair representative. This process helps to inform the orientation process for new members and to clarify the role of CPG members based on their expertise and or representativeness.

(2). *Designing and Evaluating Intervention Plans.* SCDHEC has required AIDS Health Educators (AHEDS) in the local health districts and HIV Prevention contractors to submit Local Implementation Plans (LIP) that reflect priorities in the State HIV Prevention Plan. In local health departments, staff is also required to use SCDHEC's Operational Plan as a basis for development of their LIP. As part of the LIP, Intervention Planning Forms (IPFs) are completed for each of the intervention types conducted during the year. The IPF requires the contractor to indicate who is being targeted (indicating risk behavior, race/ethnicity, age, and gender), type of intervention, scientific basis of the intervention, and a detailed description of the steps in carrying out the intervention. The IPF mirrors the process monitoring data that is submitted monthly to the program evaluation coordinator.

Staff in the STD/HIV Division review these plans and provide feedback regarding the number of persons to be reached in each priority population, the appropriateness of interventions with the priority populations and methods to evaluate the interventions. Data from the IPFs are sorted by priority populations and intervention types. This information is shared with the CPG and is used as a basis for planning and allocation of resources by SCDHEC for the upcoming fiscal year.

When PEMS is available prevention providers will be required to use the system to enter their annual intervention plans.

(3). *Monitoring and Evaluating the Implementation of HIV Prevention Programs.* All HIV prevention providers must conduct process monitoring. Several systems have been in place to monitor the implementation of programs in South Carolina. These systems will either be modified or replaced with PEMS to meet the new evaluation requirements. Below is a summary description of SC current data collection system by each program component.

a) *Counseling, Testing, and Referral Services (CTS)* demographic data are collected by utilizing the SCDHEC HIV Serology Request Form. Data on individuals tested in local health departments and by our community-based contractors are keyed into a computer file at the Bureau of Laboratories and confidentially stored. The SCDHEC Laboratory conducts all

HIV testing for the STD/HIV program. The STD/HIV program has developed an output report with the data required for the CDC counseling and testing reports.

The Division is planning to revise the data collection system for 2005 based on CDC's revised CTS data elements and deployment of PEMS. The CDC is working to incorporate scanning technology into PEMS to ease the burden of data collection. The Division anticipates training local health department staff and contractors in the new CTS form. The forms will be sent to the Division for scanning. Once the data is scanned it will be imported into PEMS for reporting and monitoring.

b) *Partner Counseling and Referral Services (PCRS)* information is collected utilizing the CDC Interview Record form. All forms are sent to the STD/HIV Division on a monthly basis and entered in STD MIS and the HIV/AIDS Reporting System (HARS) for data maintenance and reporting. It is anticipated that a newer version of the STD MIS system will include the required PCRS variables and that an import function in PEMS will allow the data to be transferred electronically.

c) *Prevention for Positives* process data will be collected through CTS, PCRS and through health education/risk reduction interventions.

d) *Health Education/Risk Reduction Services* (ILI, PCM, GLI, and Outreach) are primarily provided by AIDS Health Educators (AHEDS) and Social Workers in the 12 public health districts/local health departments (LHD), the 11 HIV Prevention Collaborations, 3 special projects, and 2 perinatal contractors. Currently, paper pencil data entry forms (DEFs) are used to collect the required age, race, gender, and risk behavior on persons served, intervention types and descriptions, and evaluation information. Health department staff and prevention providers submit completed DEFs monthly to the program evaluation coordinator. All DEFs are reviewed for completeness and consistency. Data from the DEFs are entered into Microsoft ACCESS and exported to Excel for analysis. Data results/analysis are provided to contractors and LHD quarterly to provide feedback, and to CDC as required. This system will continue to be used until PEMS becomes available. All staff involved with the collection of HIV prevention process data will be trained in PEMS.

e) *Health Communication/Public Information* data are collected in two ways. The SCDHEC AIDS/STD Hotline staff utilizes *EPI Info* to capture information from callers who speak to a staff person. After-hours calls are forwarded to the CDC National AIDS Hotline. An analysis is made of the data collected from calls answered by a staff person. Data collected include demographics, risk information if provided, type of information requested, and referral source to the hotline, (e.g. telephone directory listing, African American or Latino radio PSAs, etc.)

Public information activities provided by local collaborations/district staff are reported through the DEF reporting system described above.

(4). *Evaluating Linkages Between the Comprehensive HIV Prevention Plan and Application for Funding.* Until revised, SCDHEC will continue to use the process outlined in Chapter 5 of the Evaluation Guidance (Volume 2 Supplemental Handbook) for conducting this evaluation

activity. Data sources include the Comprehensive HIV Prevention Plan, Intervention Planning Forms and budgets from HIV prevention providers, information from the CTS and PCRS data collection systems, and interviews with health department staff and providers. Results of this process are included in the CDC application and shared with CPG members during regularly scheduled meetings.

(5). *Outcome Monitoring and Outcome Evaluation.* Based on the recommendations from an evaluation capacity building needs assessment completed in late 2003 and early 2004, SCDHEC is in the process of clarifying its expectations regarding outcome monitoring for local prevention contractors. Currently SCDHEC encourages all local prevention contractors to plan and conduct one outcome monitoring project as resources allow. To assist, SCDHEC provides sample data collection tools to measure pre/post impact and enters, stores and analyzes the data for the contractors. Feedback is provided to contractors through written reports and presentations.

An outcome monitoring technical assistance (TA) plan is being developed to build contractor's capacity to evaluate their own prevention programs. Through a contract with the Center for Child and Family Studies at the University of South Carolina selected contractors are receiving individualized TA. This TA focuses on the following evaluation areas: 1) logic modeling to clearly define their program, 2) constructing outcomes and indicators, 3) reviewing standard evaluation designs, 4) basic survey methodology, 5) understanding and using basic statistics, 6) utilization of evaluation findings for program improvement, 7) generating useful reports for stakeholders, and 8) evaluation ethics. The ultimate goal of this TA is to embed HIV prevention evaluation into the contractor's culture so that evaluation is routinely viewed as a viable means of enhancing learning and performance.

(6). *Generate and Monitor Baseline and Target Measures for Indicators Related to Community Planning, Evaluation and HE/RR interventions.* Working with the STD/HIV Division Director, the evaluation staff will monitor the data systems used to collect core HIV prevention indicators as outlined in Program Announcement 04012.

The following data sources will be used to collect the required Community Planning, Evaluation and HE/RR data elements for each indicator.

COMMUNITY PLANNING	
Indicator	Data Collection Source
E.1	Community Planning Membership Survey
E.2	Community Planning Membership Survey
E.3	CTS and PCRS Data Systems, HE/RR Intervention Planning Forms, and Program Budgets until PEMS is available
E.4	CTS and PCRS Data Systems, HE/RR Intervention Planning Forms, and Program Budgets until PEMS is available
EVALUATION	
Indicator	Data Collection Source
F.1	Data entry forms until PEMS is available

<i>HEALTH EDUCATION/RISK REDUCTION</i>	
<i>Indicator</i>	<i>Data Collection Source</i>
H.1	Data entry forms until PEMS is available
H.2	Intervention planning forms and data entry forms until PEMS is available
H.3	Data entry forms until PEMS is available
I.1	Data entry forms until PEMS is available
I.2	Data entry forms until PEMS is available

Once online, PEMS will be the primary data collection system to monitor these key performance indicators. Until then, the Division will continue to collect the required data elements through paper pencil surveys and forms.